World Child Cancer – Addressing Global Inequality in Healthcare Access

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A story on Making Access Happen at Sandoz.com
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For many of the children who travel hundreds of miles with their parents to the Southern Philippines Medical Centre, in Davao City, on the island of Mindanao, Philippines, the trip is filled with uncertainty and fear. The child knows something is wrong. She doesn’t feel well. She is tired. She is weak. She has pain. Her parents seem concerned but she doesn’t fully understand why. No one can tell her what is wrong. No one knows what is wrong.

That is why they are traveling to Davao; to get answers, even if the answer is a cancer diagnosis.

The thought of a cancer diagnosis for a child weighs heavy on the heart. But one of the enormous medical success stories of the last fifty years is the improved chance of survival for children with cancer. Today, 80% of children who develop cancer will survive – if that child lives in the developed world. In the developing world, the picture is very different. Survival rates can be as low as 10%. [1]

For decades, the global medical community has had the medicines and procedures to cure many childhood cancers. But in many low- and middle-income countries, children and their parents must overcome many hurdles to achieve what is a standard level of care in high-income countries. World Child Cancer aims to even those odds.

In many developing countries, these factors stop children from receiving cancer treatment

• At the local community level, there is a low level of awareness or understanding of cancer in children and a mistaken belief that it isn’t curable.
• Often, childhood cancer is not diagnosed, or is diagnosed too late for effective treatment to take place.
• Across the developing world, there is a shortage of trained doctors and nurses to provide the right levels of care.
• There is often little or no funding for childhood cancer from local sources, so families are faced with huge medical bills.
• Many families have to travel long distances to specialist centers located in capital cities and pay out of pocket for the costs of staying away from home for the length of treatment.
• All of these factors lead many parents to decide against treatment or to abandon treatment.
World Child Cancer (WCC), founded in 2007, is dedicated to addressing the disparity of cancer care for children across the world. WCC envisions a world where every child with cancer, regardless of where they live, has equal access to the best treatment and care.

WCC strives to improve the rate of diagnosis, accessibility of treatment and quality of support for children with cancer, and their families, in the developing world. WCC supports nine pediatric oncology programs including in the countries of Bangladesh, Cameroon, Ghana, Malawi, Myanmar and Philippines. In 2015, WCC helped provide improved care for almost 4,000 children with cancer.

The WCC strategy involves improving access to care and supporting families, with the ultimate goal of persuading governments to make adequate provision in their national health budgets to provide for all children with cancer.

How WCC is improving access to care and supporting families

• Raising awareness in the community and providing basic training for health workers.
• Twinning hospitals in the developed world with local teams in the developing world, providing a powerful partnership and two-way exchange of knowledge and expertise. Twinning also gives the local team access to resources and techniques which are currently out of their reach.
• Investing in family accommodation at the hospital, subsidizing medical and travel costs, and providing training and support to help parents earn a living while away from home.

Empowering local experts to lead the way to better care for children

Dr. Mae Dolendo is the lead Paediatric Oncologist at the Southern Philippines Medical Centre, Davao City at the program we support in the Philippines. “Doc Mae,” as she is called locally, has developed a strategic plan to encourage earlier diagnosis and reduce abandonment of treatment. Her plan is to develop satellite centers in strategically located places in Mindanao. These centers will be more accessible for families, making it quicker and simpler to get a diagnosis and easier to receive follow-up treatment.

Through a partnership with Sandoz, World Child Cancer is helping to bring Doc Mae’s plan to life. [2]

At the start of the partnership, WCC and their partners in the Philippines had identified four suitable locations for additional satellite medical centers, to expand the reach of the main hospital in Davao City. Since the partnership began, all four locations, plus an additional location, are now fully operational, each fully staffed with a lead doctor, oncology nurse and data manager.

The satellite medical centers offer initial diagnosis, treatment and support to children and families. Since the creation of these satellite medical centers, 125 children were diagnosed who might not otherwise have received a diagnosis. Early diagnosis significantly improves a child’s chances for survival. In Davao, over 60% of these children are alive today because of this vital work.

Sandoz support also leads to other outcomes, such as helping to provide holistic support to families whose children are being treated, as well as boosting WCC awareness campaigns at the Medical Centers.

Doc Mae and her team benefit from twinning partnerships with St. Jude Children’s Research Hospital, USA and the National University Hospital, Singapore which provide vital mentoring in the implementation of her plan.
Our view: Why does the WCC model work?

What stands out for us at Sandoz in the WCC program is how it focuses on building medical capacity by taking specific local challenges (the problem of late diagnosis and the distances people have to travel to get treatment) and build out a practical solution from the bottom up.

Starting at the beginning of the patient journey, it helps provide education to local communities about the treatability of cancer – a first step on the journey in getting children to hospital in the first place.

It then works to make clinical care more accessible by developing a ‘hub’ (the main hospital) and opening spokes (local clinics).

By twinning hospitals in the developed world with local teams in the developing world, it helps to improve diagnosis rates, and finally, by providing funding for medicines it helps to widen access to treatment.

Also, WCC supports local experts to develop strategies that will work in their communities and enables them to focus on specific, actionable solutions that are realistic in the short-term. By engaging local experts and using their experience to develop stronger capabilities for the wider medical community, WCC is creating sustainable, positive change.

Links:

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